

Annual Commission grant period July 1 to June 30 – Final Report due no later than July 31st

Grantee Name _____

Address _____

City _____ State _____ ZIP+4 _____

EIN _____ ☐ Check if this is a new address?

Phone: _____ #Individuals Benefiting _____

FAX: _____ #Youth Benefiting _____

E-mail: _____ # Artists Participating _____

Total Grant Amount Awarded \$_____ Grant Number_____

1. **Narrative evaluation of the grant.** (attach additional sheets as necessary)
 - Compare the actual accomplishments of the project to those proposed in the application.
 - Explain the impact of this grant to applicant/community/region and the challenges encountered.
2. **Please submit copies of programs, publicity, and other printed materials. Please submit two photos for publication use.** (attach photo credit form as needed)
3. **Summarize below the actual project budget and identify the activities and expenses supported by the QuickFund\$ grant:** (*receipts are not required*)

Project Expenses	ICA Grant	Cash Match	In-kind Match	Total
Total				

(Required 1:1 cash or in-kind match)

Application Certification: "I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."

Authorized Staff/Project Coordinator

Date _____

Printed Name _____

*Title*_____

Mail this form to: Idaho Commission on the Arts, PO Box 83720, Boise, Idaho 83720-0008

**FOR ICA
OFFICE
USE
ONLY**

Program Director Review _____

Agency Approval _____